

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18176

FILED JUN 11 1943

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town De Soto, Missouri VALLEY  
(c) Name of hospital or institution Route #1  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)  
In this community 10 years

3. (a) PRINT FULL NAME John Liebenguth

3. (b) If veteran, name war.

3. (c) Social Security No. 499-12-4559

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Liebenguth 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 12 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 2 6 hr. min.

9. Birthplace St Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business John G. Liebenguth

12. Name Germany

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Russ

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Liebenguth  
(b) Address De Soto, Mo Rtl

17. (a) Burial (b) Date thereof 5/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem St Louis County

18. (a) Signature of funeral director James M. Spencer  
(b) Address De Soto, Mo

19. (a) 5-21-43 (b) James M. Spencer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town De Soto  
(d) Street No. Rural Route #1  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from July 1942 to Present 1943,  
that I last saw him alive on Apr. 30 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mouth Duration 1 yr.

Due to 450

Other conditions Carcinoma of lymph glands of neck 1 yr.  
(Include pregnancy within 3 months of death) metastatic carcinoma

Major findings: Carcinoma of mouth  
Of operations Carcinoma of lymph glands of neck

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James M. Spencer (M. D. or other)

Address Barnes Hospital, St. Louis, Mo Date signed May 18, 1943

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 4107,  
working under my personal supervision.

Signed Donnell B. Dietrich

Licensed Embalmer No. 4107

P. O. Address Lebanon Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**